



MAINE CHILDHOOD LEAD POISONING PREVENTION PROGRAM

## LEAD RISK SCREENING QUESTIONNAIRE

Please help us to determine if your child is at risk for lead poisoning.

Please answer the 4 questions below and return the sheet to the nurse.

Patient Name \_\_\_\_\_  
Age \_\_\_\_\_  
Today's Date \_\_\_\_\_

1. Does your child live in, or visit more than 10 hours per week, any house built before 1950?

YES

NO

I DON'T KNOW

2. Does your child live in, or visit for more than 10 hours per week, any house built before 1978 that was renovated or remodeled within the last 6 months?

YES

NO

I DON'T KNOW

3. Does your child spend time with an adult whose job is in construction, painting or fishing?

4. Is your child enrolled in MaineCare? (also know as PrimeCare, Medicaid, or CubCare)

YES

NO

I DON'T KNOW

If you would like more information about lead poisoning prevention please ask the nurse.